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APPLICATION NO.	FILING DATE		FIRST NAMED INVE		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/701,951 TITLE OF INVENTION: OSIGNAL TRANSMISION	11/04/2003 COMPASS WITH ELECTR	OMAGNETIC H	Wolfgang Sker ALF-SHELL TRA		TRANSMISSION AND O	9353 PTOELECTRONIC DATA
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	05/18/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS		
SMITH, RICHARD A		2859		033-316000		
"Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.  3. ASSIGNEE NAME AND	lence address (or Change of G 22) attached. cion (or "Fee Address" Indica or more recent) attached. Use	Correspondence tion form of a Customer  E PRINTED ON T	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)  a data will appear on the patent. If an assignee is identified below, the document has been filed for			
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(B) RESIDENCE: (CITY and STATE OR COUNTRY)  Ray theon Marine GmbH Germany						
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